CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. NAT 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** JOSÉPH NAME NICKNAME SANDERS 4 CANDIDATE / **OFFICEHOLDER** BOX 2308 LEANDER TX MAILING ADDRESS Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** 731 - 8789 (512) PHONE Receipt # 144 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged 7 CAMPAIGN TREASURER SOUTH ST LEANDER, TX **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER 731- 8789 PHONE (512) 9 REPORT TYPE 15th day after campaign January 15 30th day before election treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) Exceeded Modified July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 22 1505 THROUGH ELECTION DATE 11 ELECTION Day Year 21 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE LEANDER CITY COUNCIL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		The state of the s
MINE CONSERC	16 Filer	TD (Ethics Commission Filers)
TOTAL UNITEMIZED POLITICAL CONTRIBU PLEDGES, LOANS, OR GUARANTEES OF LOANS.	DANS, OR	\$ Ø
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAR	ANTEES OF LOANS)	\$ 8,713.00
3. TOTAL UNITEMIZED POLITICAL EXPENDITU	JRE.	\$ Ø
4. TOTAL POLITICAL EXPENDITURES		\$ 8,423.67
5. TOTAL POLITICAL CONTRIBUTIONS MAINTA OF REPORTING PERIOD	AINED AS OF THE LAST DAY	s 8,423.67 s 2,454.61
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTA	ANDING LOANS AS OF THE	\$ 9
wear, or affirm, under penalty of perjury, that the accord	npanying report is true and co	orrect and includes all information
ARA CRABTREE Public, State of Texas 1. Expires 09-23-2023	option bolow.	
before me by Ceph M. Sande which wifess my hand and seal of office.	tree Uda	oday of May. Lety Secret Title of officer administering oath
OR		
on		
, a	nd my date of birth is	
	1	(4)
(street) County, State of, on the		(zip code) (country), 20 (year)
	Signature of Candidate/Offi	
	PLEDGES, LOANS, OR GUARANTEES OF LOCONTRIBUTIONS MADE ELECTRONICALLY 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAR 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL CONTRIBUTIONS MAINTATOF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTALAST DAY OF THE REPORTING PERIOD Swear, or affirm, under penalty of perjury, that the acconquired to be reported by me under Title 15, Election Code. Please complete either Para CRABTREE Public, State of Texas The Expires 09-23-2023 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTALAST DAY OF THE REPORTING PERIOD Printed to be reported by me under Title 15, Election Code. Printed name of officer administer OR (street)	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE LECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD Awear, or affirm, under penalty of perjury, that the accompanying report is true and conjuried to be reported by me under Title 15. Election Code. Please complete either option below: ARA CRABTREE Public, State of Texas 1. Expires 99-23-2023 1. Expires 99-23-2023 1. Expires 99-23-2023 1. Expires 99-23-2023 1. Expires of State of Texas 1. Expires 99-23-2023 1. Expires of Texas 1. Expires of State of Texas 1. Expires o

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mission Filers)		
	MIKE	SANDERS		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETAR	RY POLITICAL CONTRIBUTIONS		\$ 8,813.00
2.	SCHEDULE A2: NON-MON	NETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED (CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS			\$
5.	SCHEDULE F1: POLITICA	AL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 8,516.23
6.	SCHEDULE F2: UNPAID IN	NCURRED OBLIGATIONS		\$
7.	. SCHEDULE F3: PURCHA	ASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPEND	NITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICA	L EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT	MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITI	ICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST TO FILER	T, CREDITS, GAINS, REFUNDS, AND CONTRIBU	TIONS RETURNED	\$
1				

SCHEDULE A1

				3 Filer ID (Ethics Commission Filers)
FILER NAME	MINE SA	rbe my		3 THEFT (ELITES COMMISSION FIREIS)
Date	5 Full name of contributor	out-of-state PA	C (ID#)	7 Amount of contribution (\$)
, ,	WILLIAM S	BONNELL		\$ 100.00
/23/21	6 Contributor address;	City;	State; Zip Code) (00.00
				CASH
Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)
/	JACÉ /	MANN		\$ 1.00
1/28/21	Contributor address;		State; Zip Code	<i>A</i> (
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruc	etions)
Principal occup	pation / Job title (See Instructions Full name of contributor			Amount of contribution (\$)
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)
Date	Full name of contributor	Out-of-state PA		Amount of contribution (\$)
	Full name of contributor	Out-of-state PA	(ID#)	Amount of contribution (\$)
Date 1/30/21	Full name of contributor	Out-of-state PA THE PEO City;	(ID#)	Amount of contribution (\$) \$\forall 177.00 CASH
Date 1/30/21	Full name of contributor WILCO WE Contributor address:	Out-of-state PA	C (ID#) [16] State; Zip Code	Amount of contribution (\$) \$\forall 177.00 CASH
Date 70/2 Principal occu	Full name of contributor WILCO W Contributor address; pation / Job title (See Instructions Full name of contributor	Out-of-state PA	C (ID#) PLE State; Zip Code Employer (See Instruction C (ID#))	Amount of contribution (\$) \$\forall 177.00 CASH ctions) Amount of contribution (\$)
Date 70/2 Principal occu	Full name of contributor WILCO W Contributor address; pation / Job title (See Instructions Full name of contributor	Out-of-state PA	C (ID#) [LE State; Zip Code Employer (See Instruc	Amount of contribution (\$) \$\forall 177.00 CASH ctions) Amount of contribution (\$)
Date $\frac{1}{30/2}$ Principal occu	Full name of contributor WILCO W Contributor address; pation / Job title (See Instructions Full name of contributor TAY OAD	Out-of-state PACity; Out-of-state PACity; City;	C (ID#) PLE State; Zip Code Employer (See Instruction of the content of the	Amount of contribution (\$) \$\forall 177.00 CASH ctions) Amount of contribution (\$) \$\overline{1}\$ \$\square\$ \$\square\$ 0.00
Date $\frac{1}{30/2}$ Principal occu	Full name of contributor VILCO W Contributor address; pation / Job title (See Instructions Full name of contributor TAY ON Contributor address;	Out-of-state PACity; Out-of-state PACity; City;	C (ID#) PLE State; Zip Code Employer (See Instruction C (ID#) State; Zip Code	Amount of contribution (\$) \$\forall 177.00 CASH ctions) Amount of contribution (\$) \$\overline{1}\$ \$\square\$ \$\square\$ 0.00
Date $\frac{1}{30/2}$ Principal occu Date $\frac{4}{30/2}$	Full name of contributor VILCO W Contributor address; pation / Job title (See Instructions Full name of contributor TAY ON Contributor address;	Out-of-state PACity; Out-of-state PACity; City;	C (ID#) PLE State; Zip Code Employer (See Instruction C (ID#) State; Zip Code	Amount of contribution (\$) \$\forall 177.00 CASH ctions) Amount of contribution (\$) \$\overline{1}\$ \$\square\$ \$\square\$ 0.00
Date $\frac{1}{30/2}$ Principal occu Date $\frac{1}{30/2}$	Full name of contributor VILCO W Contributor address; pation / Job title (See Instructions Full name of contributor TAY ON Contributor address;	Out-of-state PACity; Out-of-state PACity; City;	C (ID#) PLE State; Zip Code Employer (See Instruction C (ID#) State; Zip Code	Amount of contribution (\$) \$\forall 177.00 CASH ctions) Amount of contribution (\$) \$\overline{1}\$ \$\square\$ \$\square\$ 0.00
Date $\frac{1}{30/2}$ Principal occu Date $\frac{4}{30/2}$	Full name of contributor VILCO W Contributor address; pation / Job title (See Instructions Full name of contributor TAY ON Contributor address;	Out-of-state PACity; Out-of-state PACity; City;	C (ID#) PLE State; Zip Code Employer (See Instruction C (ID#) State; Zip Code	Amount of contribution (\$) \$\forall 177.00 CASH ctions) Amount of contribution (\$) \$\overline{1}\$ \$\square\$ \$\square\$ 0.00

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains ho	w to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME	MINE SA	NERT		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PA	C (ID#)	7 Amount of contribution (\$)
130/21	I Λ V ι / C. 6 Contributor address;	City,	State; Zip Code	\$100.00
Principal occu	upation / Job title (See Instructions	5)	9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$)
-/-/	NIKKI	HUN PHRE	5 9	* 1
12/21	Contributor address;	City;	State: Zip Code	\$ 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		AC (ID#)	Amount of contribution (\$)
/2/21	Contributor address;		State; Zip Code	\$100.00
Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state P	AC (ID#)	Amount of contribution (\$)
c, ,	Lucio	VALDEZ		t1-0-00
5/2/21	Contributor address;	City;	State; Zip Code	\$100.00
Principal occu	upation / Job title (See Instructions	s)	Employer (See Instruc	tions)
		and transport \$10,000 and a finish day residence in some analysis of the contract of the contr	S OF THIS SCHEDULE AS N	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1.
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
E I tour tour I I I I I I I I I I I I I I I I I I I	MIKÉ	[ANDEI	V	
Date			C (ID#)	7 Amount of contribution (\$)
-/.	AUGUSTIN	FRAN	colf	\$ 100.00
5/3/2,	6 Contributor address;	City:	State; Zip Code	-
-, 0				CASH
3 Principal occu	pation / Job title (See Instructions))	9 Employer (See Instruc	tions)
Date	Full name of contributor	_	C (ID#)	Amount of contribution (\$)
5/21	A~04			\$5,000.00
5/3/21	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	AC (ID#)	Amount of contribution (\$)
-//	JANGLL	NEUTO	.	t~~~~
5/17/21	Contributor address;	City;	State; Zip Code	\$500.00
•				
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state P	AC (ID#)	Amount of contribution (\$)
<i></i>	NONTY	CRAWA	E 0 1 . 10	\$ 250.00
5/17/21	Contributor address:	City:	State: Zip Code	\$ 250.00
,				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruc	ctions)
		Market 17 and a contract of the state of the		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains he	ow to complete th	is form.	1 Total pages Schedule A1.
FILER NAME		SA NHE RY	(3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor		AC (ID#)	7 Amount of contribution (\$)
5/17/21	KATH 14-97 6 Contributor address;		State: Zip Code	\$50.00
Principal occi	upation / Job title (See Instruction	ns)	9 Employer (See Instruc	tions)
Date	Full name of contributor		AC (ID#)	Amount of contribution (\$)
5/17/21	Contributor address:	^	State; Zip Code	\$ 60.00 CASH
Principal occu	pation / Job title (See Instruction	s)	Employer (See Instruc	AND AND THE PROPERTY OF THE PR
Date			PAC (ID#)	Amount of contribution (\$)
5/11/21	Contributor address:		State. Zip Code	\$50.00
Principal occu	upation / Job title (See Instruction	ns)	Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state	PAC (ID#)	Amount of contribution (\$)
5/21/2	Contributor address;	City:	State: Zip Code	\$1,200.00
	upation / Job title (See Instruction	ns)	Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

	e Instruction Guide explains hov			3 Filer ID (Ethics Commission Filers)
ILER NAME	MIKE JA	NOEN		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state P.	AC (ID#)	7 Amount of contribution (\$)
	noBént	CLARM	. 2 2 222 4 222 4 2 2	t27 m
121/21	6 Contributor address:		State; Zip Code	\$225.00
Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor	out-of-state P	^AC (ID#)	Amount of contribution (\$)
12/21	Contributor address:	TARCY City;	State: Zip Code	\$200.00
Principal occ	upation / Job title (See Instructions)		Employer (See Instruction	ons)
Date	Full name of contributor	out-of-state F	PAC (1D#)	Amount of contribution (\$)
	Contributor address;	City.	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state	PAC (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions	5)	Employer (See Instruct	ions)

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Fravel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME MINE SANDERS 10F 17 5 Payee name Tractor supply City State Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE T-POST ADVERTITING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name 4/22/21 LOWES State Zip Code City Pavee address Description Category (See Categories listed at the top of this schedule) **PURPOSE** ADVERTISING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name VITAGO PRINT City State Zip Code Payee address: Category (See Categories listed at the top of this schedule) Description **PURPOSE** SIGNS ADVERTISING EXPENCE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salanes/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME SANDERS City State: Zip Code 7 Payee address 5 22 67 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE ADVERTIFING EXPENTE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name State Zip Code City Pavee address Category (See Categories listed at the top of this schedule) Description PURPOSE ADVENTISING EXPENSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name VISTAGO PRINT Payee address; State: Zip Code City Category (See Categories listed at the top of this schedule) Description **PURPOSE** SIGNS ADVERTISHAG EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME MINE SANDERS 5 Payee name State Zip Code 6 Amount (\$ City. 5216.39 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE ADVERTIFIE EXPENSE ADHÉSIVE SIGNS OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name 4/28/21 WALMART Zip Code City Pavee address \$ 4304 Category (See Categories listed at the top of this schedule) Description PURPOSE CONILLA TAPE FOR SIGHT ADVERTIFIAL EXPENSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX. officeholder living expense Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 4/28/21 LOWER State Zip Code Payee address; City: A 38.21 Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTICING EXPERIE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MINE SANDERS City State: Zip Code 7 Payee address (a) Category (See Categories listed at the top of this schedule (b) Description 8 PURPOSE ADVENTISING EXPENSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name LOWER State Zip Code Amount (\$) City Payee address \$ 30.27 Description Category (See Categories listed at the top of this schedule) **PURPOSE** ADVERTISING EXPONTE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 4/29/21 PINPOINT ACTION City; State: Zip Code Pavee address: \$ 500.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** DOOR HANGERS ADVERTICIAL EXPENCE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEO	SORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		3 NOW to complete this form.	
1 Total pages Schedule F1: 5 0 £ 17	2 FILER NAME MINE SA	106 M	3 Filer ID (Ethics Commission Filers)
4 Date 4/29/21	5 Payee name VISTAGO PI		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$44.65			
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	ADVENTIFIE EXPE	ME SIGN	
	(c) Check if travel outside of Texas. Complete Si	chedule T. Check if Aust	in TX officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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Amount (\$) \$ 167.95	Payee address:	City:	State; Zip Code
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EXPENDITURE	Check if travel outside of Texas. Complete Sc		in, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	1		
Date	Payee name		
4/30/21	LONEL		
Amount (\$) ***	Payee address:	City;	State; Zip Code
	Category (See Categories listed at the top of this se	chedule) Description	
PURPOSE OF EXPENDITURE	ADVENTIFIE EXPER	ise	
	Check if travel outside of Texas. Complete So	chedule T. Check if Austr	in, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODICS	OF THIS SCHEDING AS NO	EDED
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	2 1 D 6 N . C	3 Filer ID (Ethics Commission Filers)
4 Date 4/30/21	MINÉ /A 5 Payee name TRACTOR	supply	
6 Amount (\$) \$ 96.30	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this		ost
	(c) Check if travel outside of Texas. Complete S	to constitute the second	in, TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 5/4/21 Amount (\$)	Payee name PFICE Payee address:	POT	State: Zip Code
\$ 65.13			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s		LABELY
	Check if travel outside of Texas, Complete S	chedule T Check if Aust	in, TX officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/4/21	LOWER		
Amount (\$) \$ 4.31	Payee address,	City;	State; Zip Code
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE	ADVENTIFIC EXPEN	re Tsi	o staples
	Check if travel outside of Texas. Complete S	LJ	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Grit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME MINE SANDEN 5 Payee name State Zip Code 7 Payee address \$ 38.32 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE ADVENTISING EXPENSE OF EXPENDITURE Check if Austin TX officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name 5/6/21 MICHAELI Amount (\$) State: Zip Code City Pavee address 136.77 Description Category (See Categories listed at the top of this schedule) PURPOSE CORRUGATED PLACTIC ADVENTIFING EXPERSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 5/6/21 HOME DEPOT City. State Zip Code Payee address: £55 06 Description Category (See Categories listed at the top of this schedule) **PURPOSE** PLATTIC ADVENTICING EXPERCE CORRUGATED OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX officeholder living expense Office squaht Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME MIKE SANDERS OFFICE DEPOT 6 Amount (\$) 7 Payee address City State: Zip Code \$ 9.48 (b) Description 8 (a) Category (See Calegories listed at the top of this schedule) **PURPOSE** PRINTING LABELY ADVERTISING EXPENSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 5/7/21 OFFICE DEPOT State Zip Code Pavee address City 52.64 Description Category (See Categories listed at the top of this schedule) PURPOSE OF ADVERTISING EXPENSE PRINTING LABELY EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name 5/7/21 OFFICE DEPOT Payee address; State: Zip Code City \$2.28 Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF ADVERTITING EXPENSE PRIPTING LARELY **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME MINE SANDEN OF 17 5 Payee name 5/9/21 Zip Code 7 Payee address City State \$ 100.02 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE SIGNI ADVERTISIAG EXPENSE OF EXPENDITURE Check if Austin TX officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 5/10/21 OFFICE DEPOT State Zip Code City Payee address Category (See Categories listed at the top of this schedule) **PURPOSE** ADVERTISING EXPENSE LABELS FOR DOOR HANGERY OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas Complete Schedule T Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 5/10/21 WAL MANT Amount (\$) State: Zip Code Payee address: City: \$21,82 Category (See Categories listed at the top of this schedule) Description NEON **PURPOSE** ADVENTISING EXPENSE OF LABELS EON DOON HANGEN EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Credit Card Payment	Fees Offtic Food/Beverage Expense Poll y Grft/Awards/Memorials Expense Prin	n Repayment/Reimbursement the Overhead/Rental Expense ting Expense ting Expense tines/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME MINE SAND	é n r	3 Filer ID (Ethics Commission Filers)
4 Date 5/10/21	5 Payee name TARGÉT	-	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	LABÉLI	FOR DOOR HANGERY
	(c) Check if travel outside of Texas. Complete Scheduld	eT. Check if Aust	in TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/10/21	LOWER		
Amount (\$)	Payee address.	City:	State: Zip Code
	Category (See Categories listed at the top of this schedul	le) Description	
PURPOSE OF EXPENDITURE	ADVENTITING EXPENTE	CARL	ETIES FOR SIGNS
	Check if travel outside of Texas. Complete Schedule	eT. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/12/21	Lewer		
Amount (\$) \$51.83	Payee address;	City,	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Description CARU	& TIEF
	Check if travel outside of Texas. Complete Schedule	eT Check if Aust	n. TX officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other center a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salanes/M The Instruction Guide explains how to c	ages/Contract Labor	Other (enter a category	(not listed above)
1 Total pages Schedule F1:	2 FILER NAME MINE SANDEN		3 Filer ID (Ethics	Commission Filers
4 Date 5/12/21	5 Payee name OFFICS DEPOT	١		
6 Amount (\$) \$ 127.15	7 Payee address;	City;	State;	Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)		TO MODI	
OF EXPENDITURE	ADVENTISING EXPENSE	HAPGEN	cen ry	NOFF
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	1 TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held
Date 5/12/21	Payee name PRICE DE POT			
Amount (\$)	Payee address:	City;	State;	Zıp Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVÉRTISAGE EXPESSÉ	PAINTING	AVÉNY	LABELY
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
5/12/21	Payee name 9 FFICE DEPAT			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTITING EXPENSE	PNITIN	G AVERY	LABELS
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Polling Expense Travel In District Consulting Expense Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME MIKE PANDER 12 OF 17 5/12/21 OFFICE DEPOT State Zip Code 6 Amount (\$) 7 Payee address. City \$ 2.40 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE ADVERTISING EXPERSE PRINTING AVENT LARELY OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name OFFICE DEPOT 5/12/21 State; Zip Code City; Pavee address: \$7.76 Description Category (See Categories listed at the top of this schedule) PURPOSE ADVENTIFIAG EXPENSE PRINTING AVERT LABELY OF EXPENDITURE Check if Austin, TX officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 5/12/21 OFFICE DEPOT Zip Code Amount (\$) City Payee address \$ 0.12 Category (See Categories listed at the top of this schedule) Description PURPOSE ADVERTIFIE EXPENTE PRINTING AVERY EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME MINE SANDERS 13 OF 17 4 Date TRACTOR SUPPLY State Zip Code 7 Payee address \$ 95.04 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 T- POST **PURPOSE** ADVENTISING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 5/13/21 LOWER Zip Code State; City Payee address \$ 42.13 Description Category (See Categories listed at the top of this schedule) **PURPOSE** WOOD FOR TIGHT ADVERTISIAG EXPENSE OF EXPENDITURE Check if Austin, TX, afficeholder living expense Check if travel outside of Texas Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 5/13/21 VISTAGO PRINT Zip Code City; Payee address. \$ 1,358.54 Category (See Categories listed at the top of this schedule) Description **PURPOSE** SIGNE ADVERTIFIER EXPENCE OF EXPENDITURE Check if Austin TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards/Memorials Expense Printing Committee Legal Services Salarie	Expense g Expense s/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a categ	
Gredit Card Fayment	The Instruction Guide explains how to	o complete this form.	The second secon	
1 Total pages Schedule F1:	2 FILER NAME MINE SANDE	in	3 Filer ID (Ethic	s Commission Filers)
4 Date 5/14/21	5 Payee name	, T		
6 Amount (\$) - 92.56	7 Payee address;	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENCE	RE FULD	From f	RINTER
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, afficeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 5/14/21	Payee name			
Amount (\$) 64-99	Payee address.	City,	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTILING EXPENSE		for 1	16 /
	Check if travel outside of Texas. Complete Schedule T	Check if Au	stin TX officeholder livii	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/18/21	LOWER			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ApvenT1/(~G Expende	Description	for s	lang
	Check if travel outside of Texas. Complete Schedule 1	Check if Au	istin TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
Total pages Schedule F1:	2 FILER NAME	n	ler ID (Ethics Commission Filers)
Date 5/19/2 (Amount (\$)	7 Payee address;	PLY City;	State: Zip Code
\$71.73			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVENTISING EXPENSE	(b) Description T- POS	ity .
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin. TX	officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 24 5/49/21	Payee name し り Wじ/		
Amount (\$)	Payee address,	City.	State. Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Abuse NTISING EXPENSE	Description CAPLE	Ties
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
5/19/21	Lower		
Amount (\$) \$ 51.83	Payee address;	City;	State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AN VERTITIVE EXPENSE	Description CAPLE	TIEF
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX,	officeholder living expense
	Lancard Control of the Control of th		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME MIKE SANDERY U.S. P. S. Zip Code State \$360.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE ADVENTISING EXPERSÉ STAMP/ OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 5/26/21 WALMANT State Zip Code City Payee address \$18.49 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Supplies ADVERTISING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name LOWER Zip Code State: City: Payee address \$56.16 Category (See Categories listed at the top of this schedule) Description PURPOSE ADVENTICING EXPENCE [upple OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (and transport and listed above)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 17 OF 17 Zip Code State City \$3,064.74 (b) Description (a) Category (See Categories listed at the top of this schedule) REIMBURGE LOAN THAT PURPOSE LOAN RÉPAYMENT OF Check if Austin TX officeholder living expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name LIFESTYLE PHOTO \$ VIDEO 5/28/21 Zip Code State; City \$ 189.44 Category (See Categories listed at the top of this schedule) Description INVOICE FOR PHOTO SHOOT PURPOSE ADVERTISING EXTENTE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name PAYPAL 5/28/21 Zin Code State: City; Payee address \$18.51 Category (See Categories listed at the top of this schedule) Description PURPOSE CHARGE FOR DONATION FUNDRAISING EXPENSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED